## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2001								10082842					
_		CLAIMS A	S FILED - (Column		(Column 2)		SMAL TYPE	SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			10				RAT	Ε	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			(C 11111100 200		* /		X\$ 9	9=		OR	X\$18=		
INDEPENDENT CLAIMS			/ minus 3 =		*Z		X42	?=		OR	X84=		
MU	JLTIPLE DEPEN	RESENT				+140	)=		OR	+280=			
* 11	the difference	in column 1 is	less than zero, enter "0" in columi			column 2	TOTA	ΔI	200	OR	TOTAL	-	
CLAIMS AS AMENDED - PART II							101	6	570	On	OTHER	THAN	
		(Column 1)	(Column 2)			(Column 3)	LLI	ENTITY	OR	SMALL			
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMEN	Total	* 10	Minus	** 2	20	=	X\$ 9	=		OR	X\$18=		
AME	Independent	* /	Minus	***	5		X42	=		OR	X84=		
	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	PENDENI	CLAIM		+140	=.		OR	+280=		
								TAL		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colur	nn 2)	(Column 3)	ADDIT. F	1			ADDII. I EE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	Ę	ADDI- TIONAL FEE		·RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	· -	=	X\$ 9	=		OR	X\$18=		
	Independent	* NTATION OF MU	Minus	***	CLAINA	=	X42:	=		OR	X84=		
	THOTFILOL	INTATION OF WIC	DETIPLE DEF	ENDENT	CLATIVI		+140	=		OR	+280=		
							TO ADDIT. F	TAL EE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colun	nn 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA	RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
AME	Independent	*	Minus	***	CL A25.4	=	X42=			OR	X84=		
	rino i Priese	NTATION OF MU	JEI IPLE DEF	ENUENI	CLAIM		+140:	=		OR	+280=		
The Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20." Applit FEE											TOTAL		
***	If the "Highest Nu	mber Previously Paid ber Previously Paid	aid For" IN THIS	S SPACE is	s less thai	n 3, enter "3."				,	ADDIT. FEE <b>L</b> umn 1.		